

S/N: TBA

2/20/2004

Docket No.: OGA-211-USAP

14202 US PTO
022004

17548 US PTO
10/781903
022004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: TO BE ASSIGNED

Confirmation No.: TO BE ASSIGNED

Applicant: Kunio ANDO

Art Unit: TO BE ASSIGNED

Filed: February 20, 2004

Examiner: TO BE ASSIGNED

Docket No: OGA-211-USAP

Customer No: 28892

For: Imaging Device Assembly for Electronic Stereoscopic Endoscope System

UTILITY PATENT APPLICATION TRANSMITTAL

IN ACCORDANCE WITH 37 CFR §1.53 (b)

US Patent & Trademark Office
2011 South Clark Place
Customer Window, Mail Stop: PATENT APPLICATION
Crystal Plaza Two, Lobby, Room 1B03
Arlington, VA 22202

Sir:

This application is a:

- New Application.
- Continuation
- Divisional of U.S.P.T.O. Serial Number _____, filed _____.
- Continuation in Part of U.S.P.T.O. Serial Number _____, filed _____.

The undersigned has been authorized by the Applicant(s),

Kunio ANDO

FOR: Imaging Device Assembly for Electronic Stereoscopic Endoscope System

to file the attached specification and required drawings. Please assign a serial number and accord a filing date to this prospective application.

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Enclosed are:

- 19 pages of Specification,
2 pages of Claims,
1 page of an Abstract, and
3 sheets of Drawings. Total pages in the disclosure are 25.
 Return Receipt Postcard (MPEP 503).
 Application Data Sheet
 Newly executed, original Oath or Declaration with Power of Attorney
____ Signed Statement deleting inventor(s) named in prior application.
____ Applicant claims Small Entity status under 37 CFR §1.27.
 Assignment of the Invention and \$80.00.
____ A certified copy of Priority Document.
____ A Preliminary Amendment.
____ Letter to the Official Draftsperson and amended drawing(s).
 An Information Disclosure Statement (IDS)/PTO Form 1449.
 The basic filing fee of \$770.00.
 The fees for the claims to be calculated as follows:

Claims Presented		Less Entitlement		Additional Fees			
				Small Entity		Large Entity	
Total	3	Minus	20	x \$9=	0.00	x \$18=	0.00
Indep.	1	Minus	3	x \$43=	0.00	x \$86=	0.00
New Multiple Dependent Claims		-0-		x\$145=	0.00	x\$290=	0.00
And Claims Dependent Thereon		-0-		x\$145=	0.00	x\$290=	0.00
TOTAL ADDITIONAL FEE				0.00		0.00	

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x A check in the total amount of \$850.00 is enclosed to cover filing fee, Recordation of Assignment fee, and excess claims fee.

x The Commissioner is hereby authorized to charge to my Deposit Account No. 19-2816 any fees required under any of 37 CFR §§1.16 to 1.17 at any time during the pendency of this application.



Ronald R. Snider
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Date: February 20, 2004

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